8508 Queens Blvd, 2/FI, Fimhurst, NY 11373. CommunityActionNorthNeumailcom 07

FEC ID# C00575829

May 24, 15

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization - Amendment

To Whom It May Concern:

The committee has a new Assistant Treasurer. Bank setup has also been changed. Please see attached for the updated Form 1.

'Sincerely,

Fanny Lawren

Treasurer

Community Action Now

FEC FORM 1

Use

Only

1503 - 145 - 0664

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

FEC FORM 1

(Revised 06/2012)

					2015	iQflice Use Dnlyfi + 7.07
NAME OF COMMITTEE (in	n full)	75-17 41 - 1 1 - 1 1 - 1	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COMMUNI	, T , y , ,	A _i C _i T _i	10,0,0,00)		
				1 1 1 1 1 1 1		
ADDRESS (number a	nd street)	850	0,8 QuEE	NS BLVD, 2	1.Fili	
(Check if a is changed						
	****		MHURISITI		STATE A	ZIP CODE A
COMMITTEE'S E-MA	AIL ADDRE	SS				
(Check if a is changed			Y _I M _I U _I N _I I _I T _I	/ˌÀˌCˌTˌ /ˌoˌNˌNˌoˌWˌN ddress	,Y,@,G,M,A,I	L, o, C,O,M
COMMITTEE'S WEB (Check if a is changed	address	DRESS (I	JRL)		*.	
2. DATE O	5 2	4 2	(0)5		·	
3. FEC IDENTIFIC	CATION N	JMBER	▶ C 0	0575829		in the second
4. IS THIS STATE	MENT) NEV	V (N) OR	AMENDED (A)		
I certify that I have e	examined t	nis Statem	nent and to the bes	t of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name	of Treasure	r	Fanny L	awren		
Signature of Treasure	er		en de la companya della companya della companya de la companya della companya del		Date 0.5	12412015
NOTE: Submission of	false, erron			may subject the person signing		ne penalties of 52 U.S.C. §30109
Office				For further information of	contact:	EEC EODM 1

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)
TYPE OF COMMITTEE
Candidate Committee:
(a) This committee is a principal campaign committee. (Complete the candidate information below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate
Candidate []] [] [] [] [] [] [] [] []
Candidate Office State
Party Affiliation Sought: House Senate President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Pa
Political Action Committee (PAC):
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
Normality Comments of the Comm
Membership Organization Trade Association Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
In addition, this committee is a Lobbyist/Registrant PAC.
_, In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fundraising Representative:
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1.
.2. FEC ID number
3.
4.

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
	·	
Mailing Address		
~		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Full Name FAN	NY, LA, WREN	<u> </u>
Mailing Address	18,5,0,8, QUE,E,NS, BLV,D, 12/176	<u> </u>
		1 1 1 1 1 1 1
	ELMHURS,T	373-
Title or Position	CITY STATE	ZIP CODE
Lilling	Telephone number 7,1,8,-	18,7,8]-14,9,7,0
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	$N_1Y_1, L_1A_1N_1R_1E_1N_1$	
Mailing Address	[8508, QUEENS BLVD, 2/F(
		<u> </u>
	ELMHURST NY STATE	3,7,3]-[, , , , , , , , , , , , , , , , , , ,
Title or Position	Tolophose number 17/81-	18,7,81-14,9,70

	rec Form 1 (Nevised 02/2009)	
	Full Name of Designated C.H.I.U., C.H.I.N.G., T.S.A.N.G., IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	J
	Aailing Address [185 CANAL STREET, 7th FLOOR	_
		ل
	NEW YORK NIY 10013-	١
	Title or Position	> 1
	Telephone number 2,1,2,-19,2,5,-3,9,8,8	_ ل
_		-
	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	
	QUEENS COUNTY SAVINGS BANK	ا
	Mailing Address [6,1,4,9, 1,8,8,+,h, S,T,RE,E,T, , , , , , , , , , , , , , , , ,]	
	FRESH MEADOW NY 11/365-	
	CITY STATE ZIP CODE	
	Name of Bank, Depository, etc.	_
		ı
•••	Mailing Address——————————————————————————————————	_] .
		ل
	CITY STATE ZIP CODE	
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-Federal Electron Commission 999 E Street, N.W. Washington, D.C. 20463

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Re: Form 1 Ammend

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(3/2015)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt JSPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED